

Chronic Disease Connections

An e-bulletin created for healthcare systems working with patients to control their diabetes and high blood pressure.

Health Promotion is Newsworthy . . .

[Read the Report](#)

Spread, Scale, and Sustainability in Population Health: Workshop Summary

Spread, Scale, and Sustainability in Population Health is the summary of a workshop held by the Institute of Medicine's (IOM's) Roundtable on Population Health Improvement in December 2014. The workshop featured dialogue with practitioners in health and non-health sectors who work on evidence-based initiatives in state, national, and global contexts. Participants engaged in frank conversations about the challenges and barriers to successfully spreading and scaling a range of strategies to improve outcomes in global health, tobacco control, environmental justice, childhood obesity, and homelessness. This report is a summary of the workshop and includes an appendix with expanded information provided by speakers on the range of approaches they use to spread and scale a variety of policies, programs, practices and ideas to improve population health.



Pre-diabetes and Diabetes News . . .

The American Association of Clinical Endocrinology (AACE) has released new clinical practice guidelines for developing comprehensive care plans for patients with type 1 and type 2 diabetes mellitus

The guidelines, developed by a panel of 23 of the country's leading diabetes experts, emphasize the importance of achieving a treatment plan that avoids hypoglycemia, now considered to be a continual and pressing concern for many patients with diabetes. The implications of the new guidelines for practicing physicians, as well as new data on low blood sugar in patients with diabetes, was discussed at the AACE 20th Annual Meeting and Clinical Congress. The new AACE guidelines are also published in supplement 2 of the March/April issue of the association's official medical journal, *Endocrine Practice*. The guidelines emphasize a personalized approach to controlling diabetes and achieving blood glucose targets with care plans that take into account patients' risk factors for complications, comorbid conditions, and psychological, social, and economic status. Although the guidelines recommend a blood glucose target of an A1c level of 6.5%, if it can be achieved safely, a treatment plan should take into account a patient's risk for the development of severe hypoglycemia.

The new guidelines also provide information on the appropriate use of new technologies such as insulin pumps and continuous glucose monitoring, as well as managing conditions that may not be immediately obvious to treating physicians, such as sleep and breathing disturbances and depression.

In a statement, Yehuda Handelsman, MD, AACE president-elect and co-chair of the AACE Diabetes Guidelines Writing Committee, said that it was crucial for physicians to address not just hyperglycemia in patients with diabetes but also associated cardiovascular risk factors. "These state-of-the-art guidelines provide the most up-to-date evidence-based answers to real-life [clinical] questions," Dr. Handelsman said.

In the guidelines, AACE recommends comprehensive diabetes lifestyle management education at the time of diagnosis, as well as throughout the course of diabetes. The importance of medical nutrition therapy, physical activity, avoidance of tobacco products, and adequate quantity and quality of sleep should be discussed with patients who have prediabetes, as well as type 1 and type 2 diabetes, according to the new guidelines.

What's new about



Better Choices, Better Health

Put Life Back in Your Life

People with chronic conditions are bombarded with advertising and information regarding treatment options. It can be overwhelming. The Better Choices Better Health program supports participants to consider these things when reviewing treatment options: where did I learn about this; were the people who got better like me; could anything else have caused these positive changes; does treatment suggest stopping other medications or treatments; does treatment suggest not eating a well-balanced diet, can I think of any possible dangers or harm; can I afford it; and am I willing to go to the trouble or expense? These and many other topics are addressed in Better Choices, Better Health. Learn more at <http://idph.state.ia.us/betterchoicesbetterhealth/Default.aspx>.



Million Hearts® Initiative Update

2014 Million Hearts® Hypertension Control Challenge Champions

The Million Hearts® initiative has recognized 30 public and private health care practices and systems as 2014 Million Hearts® Hypertension Control Champions. **These health care providers, practices, and systems achieved blood pressure control for at least 70% of their patients through innovations in health information technology and electronic health records, patient communication, and health care team approaches.** Together, recognized 2014 Champions cared for more than 3.5 million adults and represented a range of small and large, urban and rural, and private and federal health practices and systems across 19 states. By clicking below, you can learn more about current and past winners, the Challenge, and access hypertension control resources.

[CDC Director Dr. Tom Frieden Congratulates the 2014 Champions](#)

[List of Winners](#)

[About the Challenge](#)

[Spread the Word](#)



Could your practice be a 2015 Million Hearts® Hypertension Control Champion?

The latest on the ABCS...

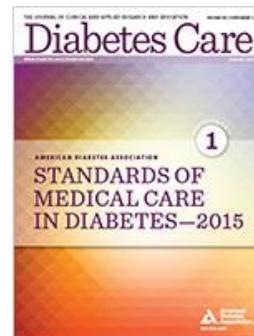
A1c

ADA Releases 2015 abridged Standards of Medical Care in Diabetes

The American Diabetes Association (ADA) has published an abridged version of their *Standards of Medical Care in Diabetes* designed to provide essential information for primary care providers (PCPs) in the spring 2015 issue of *Clinical Diabetes*.

The abridged document is a tool to aid these providers in their patient care, with the most relevant information selected from the original *Standards of Medical Care in Diabetes* by PCPs. The abridged *Standards of Care* also includes a new section about the management of diabetes in pregnancy.

The full *Standards of Care* document is available on the ADA [website](#). The website also has a Standards of Care mobile app. A summary of changes can be found at this [link](#).



Aspirin Use

Half of older adults in US now taking aspirin, survey shows

A national survey suggests that slightly more than half of the older adults in the United States are now taking a daily dose of aspirin, even though its use is not recommended by the Food and Drug Administration for most people who have not yet had a heart attack or stroke.

Blood Pressure Control and Management

How gum disease treatment can prevent heart disease

A new study is helping to shed more light on the important connection between the mouth and heart. According to research, scientists have demonstrated that using an oral topical remedy to reduce inflammation associated with periodontitis, more commonly known as gum disease, also results in the prevention of vascular inflammation and can lower the risk of heart attack.

New recommendations for treating patients with high blood pressure and cardiovascular disease

Three professional organizations, (American Heart Association, American College of Cardiology, and American Society of Hypertension) have issued a joint statement on treating high blood pressure in people who have been diagnosed with coronary heart disease, stroke or other forms of heart disease. The statement reinforces the goal of reducing blood pressure to under 140/90 in order to reduce the risk of heart attack and stroke. It also recommends that patients should know their blood pressure, make lifestyle changes to reduce their risk of heart attack and stroke, and work with a physician to safely lower their blood pressure.

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Cholesterol Control and Management

EAS Offers Advice on Statin-Induced Muscle Pain

A European panel of experts has released a new consensus statement to advise physicians on how to deal with patients who develop muscle symptoms while taking statins, but they stress statins must continue to be tried in these difficult-to-manage patients. "Let's start with the golden rule," said Dr. Erik Stroes (Academic Medical Center, Amsterdam, the Netherlands). "Never stop using your statin." [This is a Medscape article, and if you do not already have an account, you will need to register. There is no cost to register.]

Smoking Cessation

Federal data: E-cigarette use triples among teenagers

Based on Federal data released and published 4/16/2015 in the CDC's Morbidity and Mortality Weekly Report, use of e-cigarettes "tripled from 2013 to 2014" among US middle and high school students, reaching 13 percent and exceeding the percentage of those that smoke traditional cigarettes. According to the data, the number of young people using tobacco products in "some form" in 2014 rose for the first time in "years" to 4.6 million. David Muir of [ABC World News](#) (4/16, story 11, 0:15, Muir) referred to the rate increase as a "stunning number."



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Place these Health Observations on Your Upcoming Calendar . . . Plan for Awareness Activities at your Clinic !

May

National High Blood Pressure Education Month

www.nhlbi.nih.gov

Day of Action: Thursday, May 7, 2015

http://www.measureuppressuredown.com/HighBPMonth/nda2015_highBPMonth.asp



Stroke Awareness Month

www.stroke.org or www.strokeassociation.org

Community Health Improvement Month May 31 to June 16, 2015

www.healthycommunities.org

June

National Men's Health Week June 15 to 21, 2015

www.menshealthmonth.org

National Nursing Assistants Week June 11to18, 2015

www.cna-network.org

CDC: Hypertension-Related Mortality Has Climbed Since 2000

The age-adjusted hypertension-related death rate increased 23.1%, whereas the rate for all other causes combined decreased 21.0% from 2000 through 2013.

Rates for hypertension-related death increased for both sexes aged 45–64 and 85 and over from 2000 through 2013.

The age-adjusted hypertension-related death rate increased for all Hispanic origin and race groups examined from 2000 through 2005. Since then, the rate for the non-Hispanic white population continued to increase, whereas the rate for the non-Hispanic black population decreased. Although the age-adjusted hypertension-related death rate for the non-Hispanic black population was higher than for the non-Hispanic white and Hispanic populations throughout the period, the gap between them narrowed. Hypertension is a chronic condition that can lead to heart disease, stroke, and other diseases that can result in premature death. Reducing the number of persons in the population with hypertension is one of the objectives of Healthy People 2020. Using national multiple cause-of-death data files from the National Vital Statistics System, this report presents trends in hypertension-related mortality for 2000–2013 by selected demographic characteristics and the underlying causes of hypertension-related death. Hypertension-related mortality is defined by any mention of hypertension on the death certificate. Because about 2% of all decedents with hypertension reported on the death certificate were under age 45, only decedents aged 45 and over were included in this analysis.

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New Resources for Healthcare Providers

Overcoming Barriers to Shared Decision Making

Register Now! Monday, May 18 from 12:00 – 1:00 p.m. CT The Agency for Healthcare Research and Quality (AHRQ) will host a webinar addressing: (1) barriers to shared decision making from both the patient and provider perspectives; (2) strategies for overcoming these barriers in clinical practice; and (3) how identified barriers were considered during the development of the SHARE Approach to facilitate implementation of shared decision making. Speakers: France Légaré, M.D. Université Laval, Quebec; Mark Friedberg, M.D. Brigham and Women's Hospital and Harvard Medical School, RAND Corporation, Assistant Professor of Medicine; Alaina Fournier, Ph.D. Agency for Healthcare Research and Quality. Moderator: Rebecca Burkholder, J.D. National Consumers League. This activity will be accredited for physicians, physician assistants, nurse practitioners, nurses, pharmacists, and certified health education specialists. Determination of continuing education credit through Professional Education Services Group is pending. [Register now](#) to secure a spot for this free webinar.

New Resources for Quality Improvement in Primary Care--New White Papers!

The Agency for Health Research and Quality (AHRQ) has released two new white papers on quality improvement (QI) in primary care practices. Revitalizing primary care in the United States is critically important to achieving high quality, accessible, and efficient health care for all Americans, and engaging in QI is critical to achieving that goal.

The first paper, *Engaging Primary Care Practices in Quality Improvement: Strategies for Practice Facilitators*, is geared to practice facilitators and the organizations that deploy them, and describes how facilitators can engage primary care practices as they begin and sustain QI work. It distills wisdom and best practices from experts who have honed their approaches through working on QI and practice redesign initiatives with more than 6,000 practices in 44 states. The white paper, associated brief, and related resources, including a related tip sheet for primary care practices, are available online from AHRQ's [PCMH Resource Center](#) at pcmh.ahrq.gov.

The second paper, *Using Health Information Technology to Support Quality Improvement in Primary Care*, describes how practices can use health information technology (health IT) to support ongoing QI and is written for primary care practices, practice facilitators and the organizations that deploy them, IT developers and standards certifiers, and decision makers. It shares lessons learned from discussions with experts in fields such as health IT, clinical practice, primary care transformation, and human factors engineering, as well as with representatives of three primary care organizations that have made exemplary use of health IT for QI. This white paper, associated brief, and additional information for primary care practices can also be accessed online at the [PCMH Resource Center](#) at pcmh.ahrq.gov.

Both papers and accompanying briefs were developed with researchers at Mathematica Policy Research under a contract with AHRQ.

New CDC Data, Trends & Maps Database Tool

This new interactive tool provides state-specific behavior, policy, and environmental indicators from multiple data sources about obesity, nutrition, physical activity, and breastfeeding. You can view statistics in a variety of formats, including maps, tables, and trend lines in the areas of obesity/weight status, fruit and vegetable consumption, physical activity, sugar drink consumption, television viewing, and breastfeeding. Users can also display all indicators for one state or all states for one indicator. [Read More](#).

New Beginnings: A Discussion Guide for Living Well with Diabetes by the National Diabetes Education Program (NDEP)

This guide is an [online resource](#) for African Americans with diabetes to help them develop goal setting, coping, and problem solving skills. It's a great supplement to DSME and support groups. It helps people with diabetes and their families take positive action to manage diabetes.

The Iowa Department of Public Health -- Health Promotion and Chronic Disease Control Partnership



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